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Bib Data Sheet

CONFIRMATION NO. 4692

<b>SERIAL NUMBER</b> 10/695,265	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> MBZ-001CP
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**APPLICANTS**

Rima Kaddurah-Daouk, Belmont, MA;  
 Bruce Kristal, White Plains, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/421,226 10/25/2002 and is a CIP of 09/835,119 04/13/2001 ABN which claims benefit of 60/239,340 10/11/2000 and claims benefit of 60/239,541 10/10/2000 and claims benefit of 60/197,117 04/14/2000 and claims benefit of 60/197,085 04/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 01/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 55	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>Nce</i>		

**ADDRESS**

00959

**TITLE**

Methods for drug discovery, disease treatment, and diagnosis using metabolomics

<b>FILING FEE RECEIVED</b> 1535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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